

Application No. (if known): 10/643,003

Attorney Docket No.: 02291/100H204-US1

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MS Amendment
Commissioner for Patents
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on December 3, 2004
Date

A. Stantini

Signature

A. Stantini

Typed or printed name of person signing Certificate

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Fee Transmittal

Amendment

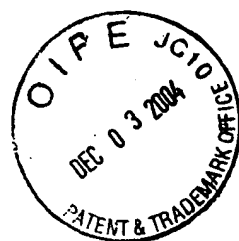
Amendment Transmittal (1 page)

Terminal Disclaimer by Applicant Attorney

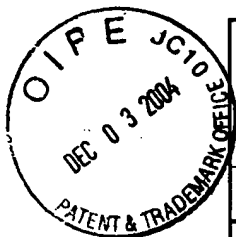
Check in the amount of \$110.00 **#6915**

12-06-04

12/6/04



AMENDMENT TRANSMITTAL LETTER			Docket No. 02291/100H204-US1		
Application No. 10/643,003	Filing Date August 18, 2003	Examiner E. Peselev	Art Unit 1623		
Applicant(s): Zhongming Zeng					
Invention: PHARMACEUTICAL COMPOSITIONS FOR PROMOTING THE GROWTH OF GRAM-POSITIVE BACILLI AND INCREASING THE ACIDITY IN VAGINA AND THE USE THEREOF					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	12	- 20 =		x	
Independent Claims	3	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Statutory Disclaimer					110.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					110.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> A check in the amount of \$ 110.00 to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
<u>Howard M. Frankfort</u> Howard M. Frankfort, Ph.D. Attorney Reg. No.: 32,613			Dated: December 3, 2004		
DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7744					
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PTO/SB/17 (11-04)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 110.00

Complete if Known

Application Number	10/643,003
Filing Date	August 18, 2003
First Named Inventor	Zhongming Zeng
Examiner Name	E. Peselev
Art Unit	1623
Attorney Docket No.	02291/100H204-US1

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order

☐ Deposit Account ☐ None

Deposit
Account
Number

04-0100

Deposit
Account
Name

Darby & Darby P.C.

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, **except for the filing fee**

☐ Charge any additional fee(s) or any underpayment of fee(s)
under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

To the above-identified deposit account.

☐ Other (please identify):

FEE CALCULATION

1. BASIC FILING FEE

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	790	395	
Design Filing Fee	350	175	
Plant Filing Fee	550	275	
Reissue Filing Fee	790	395	
Provisional Filing Fee	160	80	
Subtotal (1)	\$	0.00	

FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

- 20 or HP = x =
HP= highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = x =

HP= highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims Fee (\$) Fee Paid (\$)

Subtotal (2) \$ 0.00

3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid
1-month extension of time	110	55	
2-month extension of time	430	215	
3-month extension of time	980	490	
4-month extension of time	1,530	765	
5-month extension of time	2,080	1,040	
Information disclosure stmt. Fee	180	180	
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	340	170	
Filing a brief in support of appeal	340	170	
Request for oral hearing	300	150	
Other: 1814 Statutory Disclaimer			110.00
Subtotal (3)	\$	110.00	

SUBMITTED BY

Signature	<i>Howard M. Frankfort</i>	Registration No. (Attorney/Agent)	32,613	Telephone	(212) 527-7736
Name (Print/Type)	Howard M. Frankfort, Ph.D.	Date	December 3, 2004		

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